County Borough of West Hartlepool.

HEALTH REPORT

For the Year 1910,

BY

Herman Schmitz, M.D., B.Sc.,

MEDICAL OFFICER OF HEALTH.

West Hartlepool:
B. T. Ord, Printer, Lithographer, &c., Tower Street.
1911.

INDEX.

Births 8, 34
Birth Rates in Wards, &c. ... 36

Causes of Deaths 40
Common Lodging Houses ... 22

Dairies, Cowsheds and Milkshops 22
Deaths 9, 34
Death Rates in Wards ... 36
Defective Teeth 17

Erysipelas 13

Food and Drugs 26
Factory and Workshops Act ... 28

General Work 21

Health Committee 5
Houses Fumigated 22
Homework 32

Infant Mortality 9, 42
Infectious Diseases ... 10, 19, 38
Inspection of Public Abattoirs 24

Measles 12

Phthisis 14
Population 7
Public Abattoirs 24
Prosecutions 25

Registered Houses Let in Lodgings 22
Report on Examination of School Children 14

Scarlet Fever 10
Scavenging 23
Small-pox 14

Vaccination 19
Vital Statistics 36

Wards—Birth Rate in ... 36
,, Death Rate in ... 36
,, Infectious Diseases in 38
Water Samples 21
Whooping Cough 13

HEALTH COMMITTEE.

ALDERMAN CLARKSON, *(Chairman)*.
,, GRAINGER.
,, HARRISON.
,, WILSON.
COUNCILLOR W. BROWN.
,, EDGAR.
,, FRYER.
,, JOHNSON.
,, LIDDLE.
,, MASON.
,, MEREDITH.
,, RYAN.
,, G. P. THOMPSON.
,, T. F. THOMPSON.

His Worship the Mayor is Ex-Officio a Member of all Committees.

HERMAN SCHMITZ, M.D., B.Sc.,
Medical Officer of Health

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

https://archive.org/details/b30260589

County Borough of West Hartlepool.

MEDICAL OFFICER'S REPORT

For the Year ended December 31st, 1910.

To the Chairmen and Members of the Health and Education Committees.

Gentlemen,

I submit my Annual Report on the Health of the Borough and the Examination of Schoolchildren.

POPULATION.

The difficulty of accurately estimating the population increases the further we are from the Census year. The Registrar General bases his estimates upon the assumption that the population is increasing at the same ratio as during the decade previous to the last Census. Owing to emigration following on commercial depression and to the progressively falling birth rate this method results in much too high an estimate, and the Government Weekly Returns are therefore unduly favourable to this Borough. A more accurate estimate will be found by considering the number of inhabited houses and multiplying by the average number of persons per house as ascertained at the last Census. It is instructive to note that this average number shows a progressive decline every recent Census, forming a strong indication of the higher standard of comfort in the living conditions of the people.

In 1861	there were	7.4	people to each house	
1871	do.	6.0	do.	
1881	do.	5.6	do.	
1891	do.	5.5	do.	
1901	do.	5.1	do.	

Assuming that the number per inhabited house has remained stationary the estimated population at the middle of 1910 would be about 70,000.

BIRTHS.

The total number of births registered in 1910 was 1,856, of which 938 were males and 918 females. This is equivalent to a birth rate of 26.5 per 1,000 inhabitants. This is again the lowest on record; there were in fact over 200 fewer births than took place 12 years ago, in spite of the increase in population.

A progressive decrease in the birth-rate is a phenomenon occurring amongst all highly civilized nations.

The principal cause is the progressively increasing standard of comfort and desire for leisure existing in modern times, such standard not being consistent with the production and maintenance of large families. Owing to free education and other socialistic legislation the same causes do not operate to a similar extent with the poor, amongst whom large families are much more common than in the higher social strata. There were 75 illegitimate children born, being an average of 40 per thousand births.

The average birth-rate of the 76 large towns was 24.8.

The following table shows the phenomenal decline in the birth-rate since 1902:—

1902	...	...	...	37.6
1903	...	...	...	34.8
1904	...	...	...	33.3
1905	...	...	...	31.1
1906	...	...	...	31.5
1907	...	...	...	29.2
1908	...	...	...	28.3
1909	...	...	...	26.9
1910	...	...	...	26.5

The low birth-rate is counterbalanced to some extent by the decreasing death-rate, but the latter has now reached such a low figure that this compensatory factor must in the near future disappear, and a stationary population may in the not very distant future be anticipated,

DEATHS.

During the year 947 deaths of residents have been registered, yielding a death-rate of 13.4 per 1,000 per annum, comparing with exactly the same figure for the 76 great towns.

The rate has shown a steady and persistant decline in recent years, and affords satisfactory evidence of improved sanitary administration. There is still room for further improvement, especially in connection with the continued existence of the midden privy in our midst. The latter is generally sunk below the level of the ground, it is often open to rainfall and always stores up decomposing excreta and refuse in close proximity to dwellings and foodstores. It provides every condition favourable to the production of nuisance, to the saturation of the soil with filth, and to the maintenance of ideal conditions for the propagation of diarrhœa and other desease germs. It is also economically unsound, as the expense of removing the ordure is much higher than the maintenance of a proper water carriage system.

In looking through old annual reports I find that your first Medical Officer—Dr. Gourley—strongly inveighed against this sanitary anachronism and Dr. Morison for nine years never failed to do the same. It is really high time to adopt a scheme for the abolition over a period of years of every privy midden in the town, the Corporation paying half the cost. Sunderland and other towns did this twelve and more years ago, and are now reaping the benefit in a lower infantile death rate and more economical administration.

INFANT MORTALITY.

By Infant Mortality is meant the number of deaths occurring under one year of age in proportion to the number of births in the year. This year it was 133 per 1,000 births—a relatively high rate. The importance of infant mortality lies in the fact that its rate taken over a series of years—to eliminate the disturbing factor of epidemics—is a sure index to the sanitation of a district.

Infants are particularly liable to Diarrhœal Diseases due to contamination of their food from middens or unclean houses. The

Diarrhœa germs may enter the food directly or, more commonly, through the medium of flies. Flies breed in middens and stables and emerge fully grown from the maggot stage of their existence.

The following is a good and cheap fly poison to be placed in shallow dishes :—One drachm of Bichromate of Potash in two ounces of sweetened water. A room may be quickly cleared of flies by burning Pyrethrum Powder or blowing Black Flag into the air of a room with a powder blower.

The long tubes of the old fashioned feeding bottle are another fruitful source of diarrhœa, as the tubes cannot be kept perfectly clean. These bottles have earned the name of death traps.

INFECTIOUS DISEASES.

The Fever Hospital is a wooden structure and therefore easily inflammable, but I am satisfied that every possible precaution is taken against the contingency of fire.

The accommodation is ample for the needs of the town, and provided there is no Smallpox outbreak ought to remain so for many years to come.

It used to be the fashion amongst sanitarians to call Scarlet Fever, Measles and Diphtheria, preventible diseases, and it was considered that with efficient isolation these diseases ought to be stamped out. Extended trial of the system has proved the fallaciousness of the ideal, and it is now exceedingly doubtful whether from the point of view of prevention Hospital is any better than home isolation. The common infectious disorders are most easily communicated in the earliest stages of the complaint, and generally the infection has already been spread before distinctive symptoms have appeared.

The Hospital should be reserved for cases where there is overcrowding at home, or where the inmates are in such employment as to be peculiarly liable to spread the disease.

SCARLET FEVER.

As in 1909 this Fever was prevalent throughout the year, not a week passing without one or more cases being notified.

The exceeding mildness of the epidemic is indicated by their being only one death amongst 189 cases notified. Fifty-one cases were treated at Port Sanitary Infectious Diseases Hospital.

Notwithstanding the greatest efforts in many large towns to thoroughly isolate every case of this "preventible" disease, epidemics occur as periodically and spread as widely as before. The low death rate from Scarlet Fever during the last twenty-five years has frequently been alluded to by misguided sanitarians as evidence of the effectiveness of isolation. As a matter of fact the low death rate is solely due to the mildness of recent epidemics, the prevalence of the disease being in no way diminished. My own opinion is that excesssive and useless precautions are taken against the spread of this disease, particularly in regard to the long period of isolation and the subsequent fumigation of the premises occupied by the sick person. The popular idea that infection remains as long as their is a particle of skin peeling is quite exploded, and in the most up-to-date Infectious Hospitals no attention whatever is paid to late desquamation. On the other hand statistics of Hospitals show that "return cases"—that is new cases amongst other members of a household where a patient has returned cured from Hospital—generally occur when the original patient has been detained longer than the average time in Hospital. At Huddersfield by reducing the stay in Hospital from an average of 44 days to an average of 29 days, not only has a great deal of money been saved, but the number of "return cases" has actually diminished. In private houses the chief danger of the disease at present lies in the treatment. The patient has generally been ill for only a day or two, and often very slightly, is cooped up in one room, reeking with evil smelling disinfectants, for a period of six weeks or more till the bogey of the peeling skin has disappeared. It is not surprising that strong healthy children, deprived of sunshine, fresh air and exercise for all that time, become weak, flabby and anæmic.

The futility of having strong smelling disinfectants in a sick room cannot be too strongly emphasised; fresh air is the best disinfectant, chemical disinfectants only pollute the fresh air and cannot possibly do anything but harm.

It is customary after the termination of Scarlet Fever to fumigate the patient's rooms with sulphurous acid gas. This method is quite inefficient for the object it has in view, namely the destruction of desease germs. Of far greater value is the free use of soap and water and thorough ventilation. This natural method of disinfection should be insisted upon after the termination of every case of infectious illness and the present expensive and I believe useless procedure should be dropped.

Fumigation with sulphur gas still has its uses as a step in the destruction of vermin in dirty houses, but should always be preceded and followed by thorough cleansing.

There is a great deal of misconception about disinfectants generally, the idea being common that evil smells and accumulations of dirt will be rendered harmless by their use. This is quite a fallacy ; the accumulations and causes of evil smells should be removed, not covered over by so called disinfectants.

A big disinfectant bill means bad sanitation.

It is probable that Scarlet Fever germs do not live for any length of time amongst clothing or the articles of a room, and the question arises how then does it spread. From analogy with other infectious diseases about which we have greater knowledge, the probability is that the germs continue to live in the mouth and nose of a certain number of individuals who have recovered from the illness. Such " carriers " are proved to exist in cases of Diphtheria and Enteric Fever long—sometimes for years—after they have recovered from the disease. The germ of Scarlet Fever has not yet been discovered so that the hypothesis is incapable of proof in this case.

Although the fatality from Scarlet Fever has progressively diminished for the last twenty years and although it has now become one of the mildest of the common infectious disorders of childhood, it does not by any means follow that this benignant type will continue to recur. The history of the disease unfortunately points in the opposite direction, it having more than once previously reverted to a malignant form after a long period of mild epidemics. I believe it is the memory and tradition of these malignant epidemics that leads the public to believe that Scarlet Fever to-day is a more serious disease than Measles, whereas the mortality throughout the country during the last twenty years has been no less than four times as great from the latter as from Scarlet Fever. These figures do not represent the exact comparative mortality, as Measles is the more common disease but not being notifiable its exact numerical prevalency is unknown.

MEASLES.

An epidemic of Measles commenced about the beginning of the year and continuing until the end accounted for 21 deaths.

Parents whilst almost invariably seeking Medical advice in even the mildest cases of Scarlet Fever underestimate the serious nature of Measles, and often only call in a doctor when a serious complication has arisen. It should be more widely known among the public that the danger of this disease lies in the complications—Bronchitis and Bronchopneumonia—and that the best way of obviating these complications is by immediate isolation in a warm room of even temperature day and night.

Up to last year it was the rule to keep all children from school coming from a house infected with Measles. There was a great wastage of school attendance in this system as it is practically certain that healthy children do not carry the infection about with them. The rule at present followed is that such children—except in the Infants' Department—must attend school provided they already have had Measles. This rule has the sanction and approval of the Chief Medical Officer of the Local Government Board and of the Education Department.

WHOOPING COUGH.

There were 53 deaths from this cause mostly occurring in the early part of the year.

Theoretically—in order to prevent spread of the infection—cases should be isolated for the first few weeks of the ailment. Unfortunately, however, the characteristic symptoms do not develope until many days—sometimes weeks—after the complaint has commenced to be infectious. The empirical rule is to keep children at home so long as the spasmodic cough lasts.

It is probable that Whooping Cough in its later stages is not infectious, and children should then be permitted to take the fresh air and sunshine, which are the best means of cure.

This disease for some reason unknown is generally concurrent with Measles, and it is not uncommon for children to have both complaints at once.

ERYSIPELAS.

Thirty cases were notified during the year.

Notification of Erysipelas is a useless formality, and all that the Health Department does is to receive the notifications and pay the fees. I made a similar statement in my last Report but no action has been taken in the matter.

The Registrar General in his last Annual Report entirely omits Erysipelas from his review of the vital statistics of the year. The complaint, before the era of antiseptics, occasionally played havoc amongst the surgical cases in Hospital wards, and presumably it is the memory of these cases that still keeps the fear of Erysipelas alive.

SMALLPOX.

Owing to the ease with which vaccination can now be dispensed with, about 25 per cent of infants are unvaccinated.

Should an epidemic at any future time occur, the number of susceptible subjects will be greater than at any time during the last 40 years, and the only means of rapid suppression would be in the vaccination of all susceptible persons.

PHTHISIS.

There were 51 deaths from Consumption, that is about one-twentieth of the total number of deaths from all causes. The disease may with some justice be termed preventible, as it is largely dependent upon known and remediable conditions, and improved hygiene has led to a steady decline in mortality from this cause throughout the country. The heaviest incidence is upon the poorer classes, and the most potent predisposing conditions are intemperance and ill ventilated houses and workshops.

All cases which come under the notice of the Parish Medical Officer are notified and the patient's home is at once visited by one of the Sanitary Inspectors, and oral and printed instructions are given as to the necessary precautions to be taken to prevent the spread and promote the cure of the disease.

Report on the Examination of School Children.

The system adopted in this town is the examination by four part-time Medical Officers.

The method of examination and the recording of results are all done on the same basis, so that divergencies due to the personal factor have been eliminated as far as possible.

All the Medical Examiners have done the somewhat trying work with zeal and efficiency, and thanks are due to the head teachers for their invariable courtesy and co-operation.

The whole object of Medical Examination is rendered futile if the defects revealed are not followed up and an attempt made to cure them and obviate their recurrence. In various previous reports I have made suggestions as to how this should be done, and particularly referred to the treatment of verminous children and defective eyesight.

The former is the more pressing need, and can only be undertaken by supervision at the homes of the children by a properly qualified school-nurse. The nurse herself would in no case undertake treatment, but would give detailed instructions as to the best method of cure, and insist upon their being carried out. In this way parental responsibility would be increased not dimished. It is hopeless to rely on prosecutions to lessen the number of verminous children, as some of the worst cases are due to pure ignorance as to how to get rid of the trouble, though indifference and laziness are responsible for the majority.

A nurse is required to educate the mothers at fault to a higher standard of cleanliness, as many of them look upon the presence of nits in their children's hair as quite a normal thing. Some indeed believe a verminous head is a sure sign of good health.

The best argument in favour of a nurse is that wherever one has been appointed, the general standard of cleanliness amongst children has been enormously improved.

Apart from any other consideration it seems the moral duty of the Education Authority—bearing in mind the compulsory nature of education—to use all reasonable means to protect cleanly children from contamination with their verminous neighbours. Cleanly mothers have over and over again bitterly complained to me of their children being forced to school to sit next to filthy children.

I have no hesitation in saying that if the salary of a school nurse is saved the money spent on medical examination is wasted.

Towards the end of the year, by the private beneficence of the Mayor, a school nurse was appointed for six months.

During the twelve months 3391 children were examined, and the following statistics show in a condensed form the percentages of defects and other conditions noted :—

Irregular attendants	4	per cent
Bad Clothing	9	,,
Bad Boots	11	,,
Barefooted	2.8	,,
Dirty Heads	8	,,
Dirty Bodies	6	,,
Defective speech	0.5	,,
Defective vision	11	,,
External eye diseases	3	,,
Defective hearing and ear diseases ...	1.9	,,
Defective Teeth	30	,,
Nose and Throat Diseases	7	,,
Nutrition—Good	39	,,
Normal	41	,,
Below normal	16	,,
Bad	4	,,
Mental condition—Bright	90	,,
Fair	4.6	,,
Dull	2.6	,,
Backward ...	3	,,
Defective ...	0.06	,,
Imbecile ...	0.0	,,
Vaccination—No marks	8.5	,,
1 mark	16.5	,,
2 marks	34.6	,,
3 marks	4.2	,,
4 marks	36.2	,,
Deformities and malformations ...	2.3	,,
Heart and circulatory diseases ...	1.4	,,
Skin diseases	4.5	,,
Lung diseases	.7	,,
Phthisis	0.18	,,
Other Tubercular diseases	1.1	,,
Rickets	1.3	,,
Other diseases and defects ...	2.5	,,
Parents and friends presents at the examination	54.5	,,

DEFECTIVE TEETH.

Thirty per cent. of the children were found to have defective teeth.

The object of medical examination is not the detecting and recording of every minute defect, otherwise it would have been found that a very small proportion of the children had perfect teeth.

The decay often commences long before the school age, and it has been found that 40 per cent of children under 5 years of age have one or more teeth decayed.

The examination of skulls of men and women living about 100 years ago has proved the very much greater freedom from Caries a century ago than at the present time.

Numerous School Medical Officers have noted that Caries is prevalent in the greatest degree in schools recruited from better class neighbourhoods, and lowest in the poorer districts. One of our own Medical Officers has observed that the few perfect sets of teeth have commonly been met with in ragged and unshod children.

The question at once arises what is the cause of the increase in Caries. The toothbrush may be eliminated, as there is no reason to suppose that it is less commonly used now than formally, in fact the reverse may reasonably be inferred.

No cause is adequate to explain all the facts except the obvious one of a change in diet, and there has been an undoubted change from coarser to finer food during the last 50 years and more.

Another dietetic factor is the common habit of substituting for the natural breast milk all kinds of artificial foods prepared from white flour and often predigested. The lack of nutritive value in such so-called infants' foods is ample to account for early disintegration of teeth which require an ample supply of certain mineral matters in an assimilable form in order to render them hard and resistant to disease. Of even greater importance than the nutritive value of food with regard to its effect on teeth is its mechanical qualities.

Hard foods, or any food requiring chewing, have a cleansing action on the teeth and tend to prevent the deposit of the germ-laden viscuous matter which is the immediate cause of Caries. After a child has been weaned and the teeth make their appearance, it should twice or oftener daily be allowed to gnaw at a dry crust; the teeth and gums are cleansed by the act and require no other cleaning. Brown bread made from whole meal should be the staple article of food both for children and adults. A certain amount of fibrous and innutritious food is essential to keep the mouth in a hygienic state. Unfortunately, writers on dietetics almost invariably rate a food according to its nutritive and digestive value.

All other highly civilized countries suffer from the scourge of Caries equally with us, and in all these countries white bread and soft foods are the diet of children.

On the other hand uncivilized races eating coarse food are remarkably free from Caries. It has frequently been argued in opposition to this theory that the Chinese live mainly on rice and have very fine teeth. The facts are not as generally believed. as is shown by the following letter from Dr. Douglas Gray, Medical Officer to the British Legation in Pekin, written on September 19th. 1910:—

> "In reply to your query about dental Caries amongst the "Chinese, there is no special freedom from this trouble amongst "them. The upper and middle classes suffer just as much, if not even "more so, than Europeans and they have no scrupulous rules with "regard to washing of the teeth. Among the lower middle and "poor classes it is more common to find people with perfect sets of "teeth than among the corresponding classes at home, but this may "be attributed to the monotony of their diet—rice, millet porridge, "salted vegetables, with occasionally pork and fish—and their "national characteristics of complete abstinence.
>
> "The bread is made from rough milled corn of various kinds, "it is gritty and eaten in the form of steamed dough nuts, or cakes, "like coarse biscuits. The native rice is similar to that consumed "at home, except that among the poor it contains the husk and is "not so clean.
>
> "At the outpatient clinique of the British Charitable Hospital "here there are daily cases of dental caries, some of them with "very bad mouths requiring the removal of several teeth.
>
> "It could not be said in any way that the Chinese have a "racial freedom from Caries.
>
> "I have served in Central Africa for some years, being much "in contact with natives there, and was much struck—especially

"at one time when recruiting over 1,000 men for a regiment, with "their freedom from any caries—here it is much more common."

The diet of the Central African natives is an ideal one from the point of view of tooth preservation; they live largely on roughly ground maize (mealies), ground millet and other grains. They also kill a certain amount of game, the flesh of which is preserved by smoking. Their only alcoholic drink is a mild sweet beer.

The study of the staple food of uncivilized races goes far to support the theory that soft food is the main cause of Caries amongst Europeans, and that the only way by which the ravages of the disease can be stopped is by a reformation in diet, commencing at the earliest years until the habit of taking coarse food has been formed.

VACCINATION.

The unvaccinated and inefficiently vaccinated total about one quarter of the school population.

INFECTIOUS DISEASES.

Scarlet Fever, Measles and Whooping Cough were prevalent throughout the year. These diseases are spread by children attending school in the early stage of the complaint before the symptoms have become recognisable.

Regular wet cleansing and efficient ventilation are more powerful to prevent infection than any chemical disinfectant.

Notifications of Infectious deseases during the last ten years:—

	Scarlet Fever	Enteric Fever	Small-Pox	Diphtheria	Erysipelas	Puerp'l Fever
1901	116	22	11	92	27	...
1902	276	27	9	159	30	2
1903	473	24	11	84	22	2
1904	376	14	...	80	24	...
1905	320	18	6	20	29	1
1906	212	25	10	16	24	1
1907	150	16	...	15	28	2
1908	48	17	9	11	19	1
1909	299	9	...	60	24	1
1910	192	17	1	72	30	2

HERMAN SCHMITZ, M.D., B.Sc.,
Medical Officer of Health.

County Borough of West Hartlepool.

Sanitary Inspector's Report

For Year ending 31st December, 1910.

To the Chairman and Members of the Health Committee.

Gentlemen,

I have pleasure in submitting to you my Annual Report on the operations and work done in the Sanitary Department for the year ending December 31st, 1910.

The 10 Notices standing over from last year have all been complied with.

As in former years it will be observed that a much larger number of nuisances are reported as compared with the notices served, there being, invariably two or three nuisances described on one form.

During the year, 786 informal notices have been served for the abatement of 1,180 nuisances; several of them not having received attention, 140 formal notices had to be served as resolved by you for their abatement.

Twelve notices are standing over, the work not being completed.

GENERAL WORK.

Number of Notices Served	Nature of Nuisance	Number of Nuisances Registered
8	To trap defective drains	15
—	,, No disconnection from sewer	1
64	,, Other faults	90
90	,, Cleanse and limewash dirty dwellings and workshops	90
17	,, Repair yard pavements	33
130	,, ,, spouts and fallpipes	189
19	,, ,, dwelling house roofs	39
28	,, Convert privies and ashpits into water closets and dry pans...	33
32	,, Abate overcrowding	32
5	,, Cleanse and limewash common lodging houses	5
1	,, ,, bakehouses	1
3	,, Repair privies	5
2	,, ,, ashpits	7
123	,, ,, water closets	210
9	,, Provide additional water closets	10
4	,, Remove offensive accumulations of manure	4
21	,, Animals improperly kept	21
9	,, Provide dust pans	10
115	,, ,, ashpit and pan closet doors ...	192
10	,, Clean out soft water wells	20
4	,, Cease throwing slops into ashpit... ...	4
9	,, Remove accumulations of offensive stagnant water	9
11	,, Provide a pure water supply	13
72	,, Other nuisances	147
786		1180
140*		
926		

* Final Notices.

WATER SAMPLES.

ONE sample of well water analysed.

ONE sample of Company's water analysed.

The sample of well water was certified to be polluted and quite unfit for drinking purposes.

Upon notice being served upon the owner, the said well was closed and filled in, and the Company's water laid on.

The sample of Company's water was certified good and wholesome quality for drinking purposes.

COMMON LODGING HOUSES.

The registered Common Lodging Houses in the Borough of which we have eight, have beeen frequently visited and found in good order and in a clean condition generally.

REGISTERED HOUSES LET IN LODGINGS.

Frequent visits have to be made to these houses, and as the tenants are constantly changing they necessarily require much attention to obviate overcrowding or uncleanliness.

There are 10 registered, one been given up since last year.

DAIRIES, COWSHEDS, AND MILKSHOPS.

There are 110 Milkshops, 32 Purveyors, and 9 Cowsheds, which have been systematically inspected and found in a good and clean condition generally.

Meat, &c., condemned and destroyed as unfit for human food.

3 Carcases of Beasts.
5 ,, Pigs.
3 ,, Sheep.
1 Carcase of a Lamb.
3 Pieces of Meat.
40lbs. of Mutton.
37 Pieces of Offal.

HOUSES FUMIGATED.

Beds, Bedding, and all other articles likely to retain infection, have been removed from 196 houses to the Corporation Disinfecting Chambers, and 84 houses were fumigated with the beds and bedding in the rooms, and 296 rooms have been fumigated in 280 houses.

Notices and instructions were left at each house. Disinfectants and lime were given free, and brushes lent to the poor for the cleansing of their houses and premises.

Beds, Bedding, and Sundries disinfected by apparatus and in dwellings:—

Beds and Bedding	284
Pillows and Bolsters	514
Carpets and Rugs	99
Articles of Clothing	204
Sheets, Blankets and Quilts ...	601
Sundry Articles	128
Total ...	1,831

SCAVENGING.

It is my pleasing duty to report again that the Contractor for the Borough has carried out his work in a satisfactory manner. Few complaints have been made in regard to neglect, and they upon being investigated were found not to be the fault of the Scavenger, but the heedlessness of the occupiers in not keeping the hoppers clear. Each case was dealt with as the circumstances demanded.

Several foul privies and ashpits have been converted into water closets, and dry ash bins provided for the house refuse with proper hoppers or shoots.

TABLE OF LOADS REMOVED AND DESTROYED.

Month	To Destructor	To Farms	Sundries To Destructor	Total
January ...	1,375	270	189	1,834
February ...	1,427	330	204	1,961
March ...	1,743	338	254	2,335
April ...	1,367	222	208	1,797
May ...	1,624	303	231	2,158
June ...	1,341	130	202	1,673
July ...	1,301	84	197	1,582
August ...	1,550	78	234	1,862
September ...	1,335	86	227	1,648
October ...	1,333	92	220	1,645
November ...	1,731	276	267	2,274
December ...	1,673	260	268	2,201
	17,800	2,469	2,701	22,970

SEATON CAREW DISTRICT.

The Contractor for this district did his work well, all the refuse being removed to farms at a distance. Loads removed 1,300.

PUBLIC ABATTOIRS.

The number of animals slaughtered at the Public Abattoirs during the past three years:—

	Beasts.	Sheep and Lambs.	Calves.	Pigs.
Year ending December 31st, 1908 ...	3,972	10,993	513	6,497
,, ,, ,, 1909 ...	3,742	12,175	526	5,613
,, ,, ,, 1910 ...	3,762	12,040	408	4,705

INSPECTION OF PUBLIC ABATTOIRS, ETC.

6,327	Inspections to Dwelling houses, Shops, and other premises.
179	Inspections to Common Lodging Houses
122	Inspections to Factories.
275	Inspections to Workshops.
600	Inspections to Dairies, Cowsheds and Milkshops
60	Inspections to Bakehouses.
96	Inspections to Houses let in Lodgings.
21	Inspections to Outworkers' premises.
41	Inspections to Ice Cream Vendors' premises.
531	Inspections to Fish, Fruit and Meat Shops.
8	Inspections to Stables.
156	Visits to Abattoirs.
12	Visits to schools.
17	Visits to Workplaces.
313	Visits to Fever Infected Houses.
180	Complaints received attention.
110	Drains tested with smoke machine.
1,967	Bottles of Carbolic Acid given out.

PROSECUTIONS BEFORE MAGISTRATES BY THE SANITARY AUTHORITY, 1910.

Date	Nature of Offence.	Fines	Orders made	Costs
Sept. 12th	Milk, not of nature, quality and substance demanded	£1 0 0	———	£1 2 0
Sept. 28th	Do, do. do.	£1 0 0	———	£0 19 0
		£2 0 0		£2 1 0

FOOD AND DRUGS.

124 Samples have been taken during the year.

114 were certified to be genuine, 4 doubtful, and 6 adulterated.

Articles.	No. taken.	Genuine.	Doubtful.	Adulterated or below normal Standard.
Milk	49	40	4	5
Butter	17	17	...	...
Margarine	3	3	...	...
Bread	4	4	...	...
Condensed Milk	1	1	...	...
Jam	4	4	...	...
Sauce	3	3	...	...
Gregory Powder	4	4	...	...
Cream of Tartar	5	4	...	1
Compound Tincture of Rhubarb	2	2	...	...
Cheese	5	5	...	...
Pepper	8	8	...	...
Mustard	4	4	...	...
Milk Sugar	4	4	...	...
Rum	1	1	...	...
Whiskey	1	1	...	...
Gin	1	1	...	...
Sweets	4	4	...	...
Cream	4	4	...	...
	124	114	4	6

SUMMARY.

First Quarter	25
Second ,,	32
Third ,,	34
Fourth ,,	33
Total	124

The following samples were taken informally:—

14	samples of	Butter.
4	,,	Cream.
4	,,	Bread.
1	,,	Condensed Milk.
4	,,	Jam.
3	,,	Sauce.
4	,,	Gregory Powder.
4	,,	Cream of Tartar.
2	,,	Tincture of Rhubarb.
5	,,	Cheese.
8	,,	Pepper.
4	,,	Mustard.
4	,,	Milk Sugar.
4	,,	Sweets.
Total ... 65		

The undermentioned samples, upon analysis, gave results equivalent to the following percentage of adulteration:—

No. of Samples	Nature of Sample	Result of Analysis.	Remarks
339	New Milk	2.70% added water	Explanations demanded by the Health Committee. Explanations accepted.
360	,,	5% deficient in fat	
395	,,	6.67% ,,	
401	,,	3.50% added water 11.30% deficient in fat	Fined £1 0 0 Costs £1 2 0
419	,,	22.70% ,,	Fined £1 0 0 Costs 19/-
412	Cream of Tartar	1.15% powdered Talc (Silicate of Magnesia)	This was an informal sample. Formal sample taken and was certified genuine

I am, Gentlemen,

Your obedient servant,

THOMAS WHEAT,

Chief Sanitary Inspector.

FACTORY AND WORKSHOPS ACT, 1901.

Report on the Administration of this Act in the County Borough of West Hartlepool for the Year 1910.

On January 1st., 1910, there were 327 Workshops on the Register.

During the year 39 new one have been added and 54 have been struck off the Register.

The number on the Register at the end of the year was 312, made up as follows:—

Workshops ...	285
Domestic Workshops	17
Workplaces ...	10
	312

In addition to the above, there are a large number of Factories in the Borough, but these come more specially within the province of H.M. Factory Inspector, who notifies to us any defects he may find, which can be remedied under the law relating to Public Health.

Four notices have been received from him, informing us of defects in Factories. In three cases his requirements have been carried out, whilst in the other case the Factory is now closed.

Nine notices have also been received from him, informing us of defects in Workshops. These have all been remedied.

The Domestic Workshops and the Workplaces have all been found to be kept in a satisfactory condition.

HOMEWORK. There are 14 firms in the Borough who employ outworkers, and these are principally tailors and boot repairers. The number of individual outworkers varies from 15 to 30.

21 inspections have been made of Outworkers' premises. In only one case was it necessary to serve notice to cleanse the premises, whilst in two instances the ventilation was not satisfactory. These were at once remedied.

BAKEHOUSES. The are 45 on the Register, of which 6 are underground, and 2 of these have not been used during the year. One underground Bakehouse has been discontinued, and the premises adapted to another business. 60 inspections have been made, and in two instances, breaches of the Special Sanitary Regulations were discovered.

HOUSING, TOWN PLANNING, &c., ACT, 1909.

Under this Act—one has been closed as unfit for habitation and two have been demolished.

WORKSHOPS ON THE REGISTER, DECEMBER 31ST, 1910.

Number and Nature of various Trades.

Dress and Mantle-making	46	Cycle Repairers	5
Milliners	11	Fat Renderers	5
Tailors	20	Tripe Boilers	4
Boot Makers and Repairers	25	Egg Pickling	3
Bakehouses (retail)	44	Sailmakers	4
Do. (wholesale)	1	Picture Framers	4
Joiners and Cabinet Makers	30	Tinsmiths	3
Plumbers	22	Fish Curers	3
Blacksmiths	13	Drysalters	3
Upholsterers & French Polishers	6	Harness Makers	3
Cartwrights	9	Restaurants	3
Laundries	4	Miscellaneous	37
Photographers	4		
		Total	312

The following tables are included at the request of the Secretary of State :—

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES & HOMEWORK.

1. INSPECTION.

Including Inspections made by Sanitary Inspectors.

Premises.	Number of Inspections.	Written Notices.
Factories (including Factory Laundries)	122	17
Workshops (including Workshop Laundries)	356	33
Workplaces (other than Outworkers' premises included in part 3 of this Report)	17	5

2. DEFECTS FOUND.

Particulars	Number of Defects Found	Number of Defects Remedied
Nuisances under the Public Health Acts:—		
Want of Cleanliness	20	20
Want of Ventilation	6	6
Overcrowding	—	—
Other Nuisances	11	10
Sanitary Accommodation:—		
Insufficient	7	6
Unsuitable or Defective	7	7
Not separate for sexes	2	2
Offences under the Factory and Workshop Act:—		
Illegal Occupation of Underground Bakehouses (S. 101)	—	—
Breach of special sanitary requirements for Bakehouse (SS. 97 to 100)	2	2
Other Offences (excluding offences relating to outwork which are included in part 4 of this Report)	—	—
	55	53

3. OTHER MATTERS.

Class	Number
Matters notified to H.M. Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 153)	3
Action taken in matters referred to H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	
Notified by H.M. Inspector	13
Reports (of action taken) sent to H.M. Inspector	13
Underground Bakehouses (S. 101):	
Certificates granted during the year	—
In use at the end of the year	4

HOMEWORK.

NATURE OF WORK	OUTWORKERS' LIST. SECTION 107										Number of Inspecti'ns of Outwork'rs Premises	Outwork in Unwholesome Premises, Section 108			Outwork in Infected Premises Sections 109, 110		
	List received from Employers						Numbers of Addresses of Outwork'rs received from other Councils	Numbers of Addresses of Outwork'rs forwarded to other Councils	Prosecutions			Instances	Notices Served	Pros'cut'ns	Instances	Orders made S. 110	Pros'cut'ns Sections 109,110
	Twice in the year			Once in the year					Failing to keep or permit inspection of Lists	Failing to send Lists							
	Lists	Outworkers		Lists	Outworkers												
		Contractors	Workmen		Contractors	Workmen											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Wearing Apparel :—																	
(1) Making, &c. ...	16	—	25	6	—	10	None	None	None	None	21	None	None	None	None	None	None
(2) Cleansing and Washing																	
Lace, Lace Curtains & Nets																	
Artificial Flowers ...																	
Nets, other than Wire Nets																	
Tents ...																	
Sacks ...																	
Furniture and Upholstery																	
Fur Pulling ...																	
Feather Sorting ...																	
Umbrellas, &c. ...																	
Carding, &c., of buttons, &c.																	
Paper Bags and Boxes ...																	
Basket Making ...																	
Brush Making ...																	
Racquet and Tennis Balls																	
Stuffed Toys ...																	
File Making ...																	
Electro-plate ...																	
Cables and Chains ...																	
Anchors and Grapnels ...																	
Cart Gear ...																	
Locks, Latches and Keys																	
Pea Picking ...																	
Total ...	16	—	25	6	—	10	—	—	—	—	21	—	—	—	—	—	—

1.—Table of BIRTHS AND DEATHS *occurring in the County Borough of West Hartlepool for the 10 years ending 1910.*

YEAR	Population estimated to middle of each year	BIRTHS		TOTAL DEATHS REGISTERED IN THE DISTRICT,				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT	Deaths of Non-residents registered in Public Institutions in the District	Deaths of Residents registered in Public Institutions beyond the District	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT	
				Under 1 Year of Age		At all ages.						
		Number	Rate	Number	Rate per 1,000 Births registered	Number	Rate				Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	61,500	2,162	35 1	280	129	891	14.4	..	..	82	962	15.6
1901	62,614	2,261	36.1	323	142	965	15.3	..	..	98	1043	16.6
1902	62,614	2,357	37.6	283	120	893	14.2	..	..	98	983	15.7
1903	65.307	2,278	34.8	290	127	843	12.8	..	..	107	950	14.5
1904	66,744	2,225	33.3	296	133	963	14.2	..	..	125	1088	16.3
1905	66,744	2,078	31.1	290	139	999	14,9	..	..	129	1128	16.8
1906	68,804	2,168	30.9	297	137	891	12.1	35	..	147	1038	15.1
1907	70,040	2,080	29.7	262	126	923	13.1	32	..	91	1014	14.1
1908	71,147	2,138	28.3	234	114	933	13.1	88	..	95	933	13.1
1909	71,147	1,915	26.9	220	103	952	13.3	21	..	113	948	13.3
Averages for years 1900-1909	66,666	2,166	32.5	277	127	925	13.5	..	..	108	1,008	15.1
1910	70,000	1,856	26.5	247	133	848	12.1	24	..	89	947	13.4

I.—Institutions within the district receiving sick and infirm persons from outside the district.—None.

II.—Institutions outside the district receiving sick and infirm persons from the district—

Hartlepools Hospital; York Asylum; Port Sanitary Infectious Diseases Hospital; Workhouse, Throston

III.—Other Institutions, the deaths in which have been distributed among the several localities in the district.—Cameron Hospital.

Is the Union Workhonse within the district.—No.

Total population at all ages........................62,627
Number of inhabited houses........................11,797
Average number of persons per house 5.3
At Census of 1901.

Area of District in acres (exclusive of area covered by water.) .... 3,555 Acres.

II.—Table of BIRTHS AND DEATHS *occurring in the County Borough of West Hartlepool, for the years 1900 to 1909* (CLASSIFIED ACCORDING TO WARDS.)

NAMES OF LOCALITIES WARDS	1. NORTH.				2. WEST.				3. PARK.				4. SOUTH-WEST.			
Year	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 year	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 year	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 year	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 year
	a	*b*	*c*	*d*	*a*	*b*	*c*	*d*	*a*	*b*	*c*	*d*	*a*	*b*	*c*	*d*
1900	7,638	290	99	38	10,233	379	138	37	8.509	275	92	32	10,389	381	130	41
1901	8,131	305	93	31	10,692	406	127	47	8,415	234	120	44	11,240	476	177	55
1902	8,131	346	110	46	10,691	432	132	42	8,415	255	84	17	11,240	477	188	65
1903	8,466	328	107	37	11,028	378	110	39	8,750	245	86	20	11,575	518	199	82
1904	8,687	350	144	51	11,296	351	145	42	8,909	238	108	30	11,894	472	177	53
1905	8,687	336	120	41	11,296	336	134	35	8,909	200	112	22	11,894	497	224	70
1906	8,917	368	120	36	11,746	339	126	42	9,238	219	98	24	12,338	501	189	57
1907	9,124	326	128	33	11,940	334	149	44	9.368	215	94	19	12,611	500	235	68
1908	9,363	332	133	32	11,144	346	142	34	9,480	217	96	17	12,915	506	183	47
1909	9,363	275	131	32	12,144	286	131	26	9,480	210	95	21	12,915	439	200	48
1910	9,212	288	112	36	11,948	275	144	29	9,327	170	96	24	12,107	429	201	52

NAMES OF LOCALITIES WARDS	5. SOUTH-EAST.				6. CENTRAL.				7. NORTH-EAST.				8. SEATON.			
Year	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 year	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 year	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 year	Population estimated to middle of each year	Births registered	Deaths at all Ages	Deaths under 1 year
	a	*b*	*c*	*d*	*a*	*b*	*c*	*d*	*a*	*b*	*c*	*d*	*a*	*b*	*c*	*d*
1900	8,345	321	139	48	9,684	347	184	54	4,632	108	78	17	2,215	61	31	12
1901	8,076	319	136	45	9,527	349	196	72	4,023	107	65	16	2,066	65	31	11
1902	8,076	329	130	35	9,527	345	154	51	4,481	104	53	11	2,066	70	42	13
1903	8,411	309	105	38	9,862	315	143	44	4,816	116	54	14	2,401	69	39	16
1904	8,615	316	148	54	10,034	314	168	44	4,878	115	45	10	2,431	69	28	11
1905	8,615	286	149	46	10,034	262	165	45	4,878	93	67	24	2,431	69	28	7
1906	8,872	293	114	44	10,466	267	172	51	4.958	114	49	23	2,269	67	23	9
1907	9,039	282	124	34	10,644	257	187	34	5,007	99	59	22	2.307	67	38	8
1908	9,209	294	121	35	10,631	270	145	43	5,063	98	71	16	3.342	75	41	10
1909	9,209	257	110	30	10,631	286	160	41	5,063	104	81	11	2,342	58	40	11
1910	9,059	252	144	33	10,460	253	167	45	4.982	105	49	14	2,305	85	34	14

III.—Table shewing CASES of INFECTIOUS DISEASE *notified in the County Borough of West Hartlepool during the year 1910.*

Notifiable Disease.	Cases notified in Whole District.							Total Cases notified in each Locality. (Wards.)								No. of Cases removed to Hospital from each Locality. (Wards).								
	At all Ages	At Ages—Years						1 North	2 West	3 Park	4 South-West	5 South-East	6 Central	7 North-East	8 Seaton	1 North	2 West	3 Park	4 South-West	5 South-East	6 Central	7 North-East	8 Seaton	9 Total cases removed to Hospital
		Under 1.	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards																	
Small-pox	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Croup)	72	1	26	32	8	5	..	10	12	23	14	3	9	3	..	1	..	..	..	..	..	..	..	1
Erysipelas	29	3	..	2	4	20	..	2	5	8	5	..	8	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	192	..	35	148	7	2	..	48	25	43	52	5	10	2	6	12	9	5	18	2	4	1	..	51
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	17	..	1	3	5	8	..	7	1	2	3	..	4	..	..	6	..	1	..	..	2	..	..	9
Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	2	..	..	..	..	2	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	313	4	62	185	24	38	..	67	43	77	74	8	32	6	6	19	9	7	18	2	6	1	..	62

Isolation Hospital (name and situation) Port Sanitary Infectious Disease Hospital, Throston.

Total available beds, 50.

Number of Diseases that can be concurrently treated, 5.

IV.—Table shewing CAUSES of DEATH (WITH AGES) *occurring within the County Borough of West Hartlepool, during the year 1910.*

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							DEATHS IN LOCALITIES (AT ALL AGES) WARDS.							
	All Ages.	under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	North	West	Park	South-West	South-East	Central	North-East	Seaton
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	21	3	16	2	...	...	...	1	1	1	6	6	4	...	2
Scarlet Fever...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...
Whooping-cough	53	20	30	3	...	...	...	7	8	10	7	4	15	2	...
Diphtheria (including Membranous croup)	14	2	8	4	...	...	...	2	3	...	5	...	4	...	...
Croup	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...
Fever: Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fever: Enteric	2	...	...	...	1	1	...	...	...	1	...	1	...	...	...
Fever: Other continued ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza	12	1	1	...	2	5	3	1	3	7	...	...	...	...	1
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa	44	29	14	...	...	...	1	4	4	...	13	10	11	...	2
Enteritis	4	1	...	...	1	...	2	1	1	1	...	...	...	...	1
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...
Erysipelas	3	2	...	...	...	1	...	...	2	...	...	...	1	...	...
Phthisis (Pulmonary Tuberculosis)	51	...	3	3	12	32	1	10	6	3	12	5	8	4	3
Other Tuberculous Diseases ...	52	6	25	11	5	5	...	4	10	4	14	6	11	3	...
Cancer, malignant disease ...	40	...	...	...	...	29	11	4	7	4	10	5	8	1	1
Bronchitis	111	54	31	3	...	13	10	10	13	12	22	24	16	7	7
Pneumonia	38	2	3	4	4	23	2	5	7	3	3	11	7	2	...
Pleurisy	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...
Other diseases of Respiratory organs	1	...	...	...	1	...	...	...	...	1	...	...	...	...	...
Alcoholism, Cirrhosis of liver ...	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...
Venereal diseases	2	2	..	...	...	...	...	...	...	...	2	...	...	...	...
Premature Birth	45	45	...	...	...	...	...	3	6	3	13	11	7	1	1
Diseases & accidents of parturition	10	...	...	...	1	9	...	2	...	1	3	2	1	1	...
Heart diseases	86	3	1	1	6	45	30	12	16	12	10	13	14	6	3
Accidents	21	1	4	3	2	10	1	5	2	...	3	2	3	4	2
Suicides	8	...	...	...	1	7	...	...	2	2	2	1	...	...	1
All other causes	324	76	23	15	9	95	106	40	52	31	74	43	56	18	10
All causes	947	247	161	49	45	277	168	112	144	96	201	144	167	49	34

V.—INFANTILE MORTALITY DURING THE YEAR, 1910

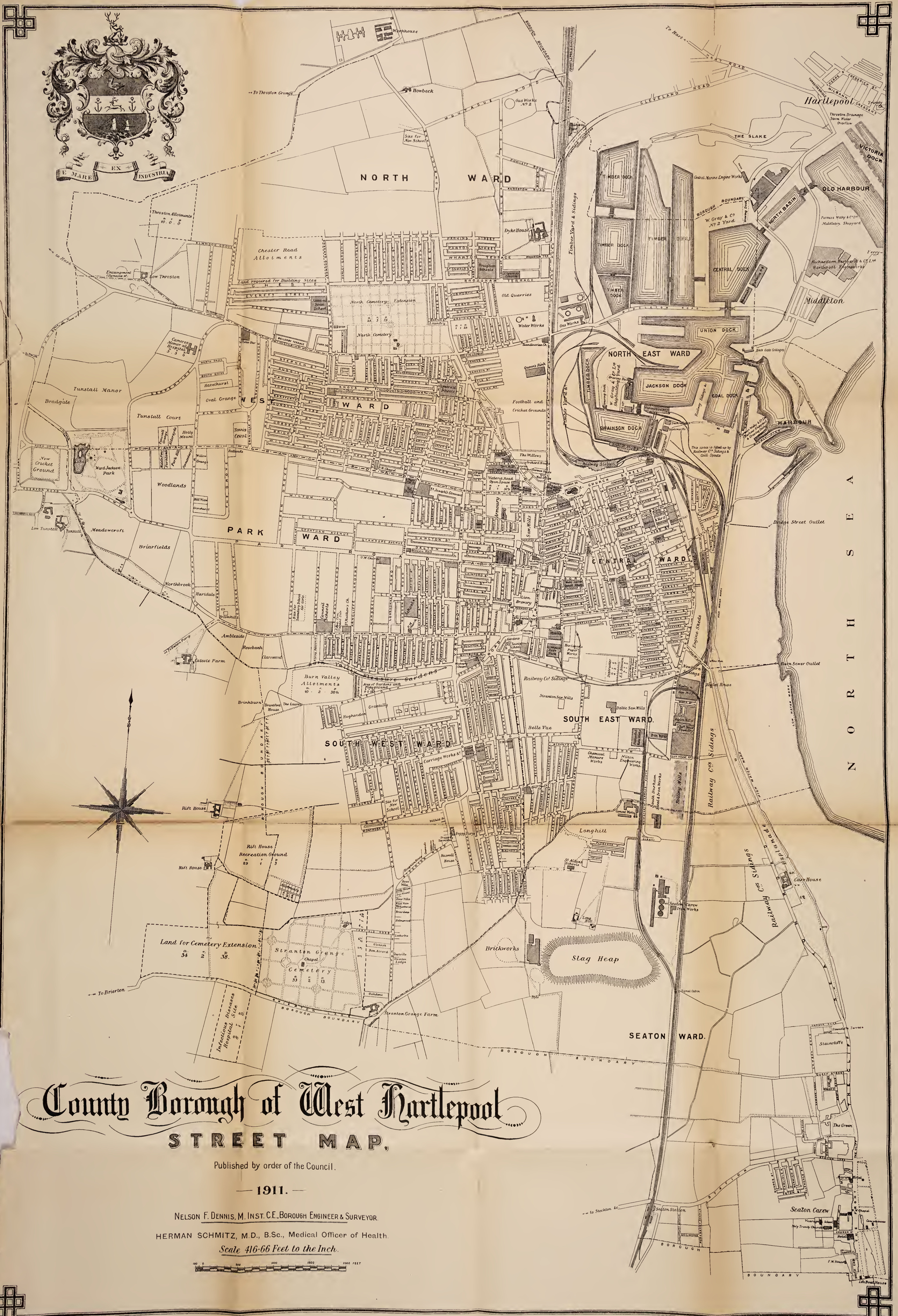
Deaths from stated Causes in Weeks and Months under One Year of Age.

Cause of Death.		Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total Under 1 Month	1-2 Months	2-3 Months	3-4 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	9-10 Months	10-11 Months	11-12 Months	Total Deaths under One Year.
All Causes	Certified.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	247
	Uncertified ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Common Infectious Diseases	Small-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Chicken-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Measles	..	..	..	.	..	..	..	..	1	..	..	1	1	..	..	..	3
	Scarlet Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Diptheria(including Membranous Croup) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
	Whooping Cough	..	..	1	..	..	..	1	1	..	3	1	2	3	2	1	5	20
Diarrhœal Diseases	Diarrhœa, all forms ..	..	..	..	..	..	2	..	2	1	2	1	..	2	1	4	1	16
	Enteritis (Muco-Gastro)	..	..	..	..	..	1	2	1	..	1	4	2	..	..	..	..	11
	Gastritis, Gastro-intestinal Catarrh	..	..	..	..	..	2	1	1	1	..	..	..	..	..	..	..	5
Wasting Diseases	Premature Birth	33	5	3	1	..	3	..	..	..	..	..	..	..	..	..	..	45
	Cong'nitalD'fects	5	4	2	..	..	..	..	..	..	..	..	1	..	..	1	..	13
	Injury at Birth..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Want of Breast Milk, Starvation	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	Atrophy, Debility, Marasmus	8	3	7	1	..	11	1	1	4	1	1	1	1	1	..	..	41
Tuberculous Diseases	Tuberculous Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2
	TuberculousPeritonitis: Tabes Mesenterica	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	2
	Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	1	..	1	..	2	2	..	6
Other Causes	Erysipelas ..	..	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..	3
	Syphilis	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	1	3
	Rickets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Meningitis (*not Tuberculous*) ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	2
	Convulsions ..	..	1	..	..	..	..	5	1	1	1	1	..	1	..	..	..	11
	Bronchitis ..	..	..	1	..	..	8	5	9	2	3	5	4	5	5	5	2	54
	Laryngitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Pneumonia ..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	1	..	3
	Suffocation, overlying	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Other Causes ..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	2	..	5
	All causes ..	46	15	14	4	79	27	18	18	10	14	15	13	13	13	18	10	247

District (or sub-division) of West Hartlepool. Population (estimated to middle of 1910) 70,000.

Births in the year { legitimate 1,781. illegitimate 75. Deaths in the year 247.

Deaths from all Causes at all Ages 947.



County Borough of West Hartlepool

STREET MAP,

Published by order of the Council.

—1911.—

Nelson F. Dennis, M. Inst. C.E., Borough Engineer & Surveyor.

Herman Schmitz, M.D., B.Sc., Medical Officer of Health.

Scale 416·66 Feet to the Inch.